

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004978

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. _____

Registrar's No. 8

STATE FILE NUMBER

VS 300
Rev. 4/59

1 1101

2 1101

3 2

4 0

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9 153.0

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12 90-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>		Length of stay in 1b <u>18 Yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>509 N. Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>509 No. Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>Theodore</u> Middle <u>George</u> Last <u>Roussin</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/10/74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
11. BIRTHPLACE (City and state or country) <u>St. Genevieve, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank A. Roussin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora (Wood) Roussin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	
16. SOCIAL SECURITY NO. <u>358 O.W. Roussin</u>		17. INFORMANT <u>Potosi, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of ascending colon with</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>metastasis to omentum and lymph</u> DUE TO (b) <u>mod. postoperative 11-21-1962</u> DUE TO (c) <u>mod. postoperative 11-21-1962</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in: PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5 A.M.</u> Month, Day, Year <u>Jan 9-1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Potosi, Mo.</u>	
20g. COUNTY <u>Washington</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Dec. 20-1961</u> to <u>Jan 9-1963</u> and last saw him alive on <u>Jan 7-1963</u> . Death occurred at <u>5 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Joseph L. Thurman</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Potosi, Mo.</u>	
22c. DATE SIGNED <u>1-11-1963</u>		22d. DATE RECD. BY LOCAL REG. <u>1/11/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 11, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Blount Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lost Creek, Mo.</u>	
24. FUNERAL DIRECTOR <u>Gm & Son</u>		25. REGISTRAR'S SIGNATURE <u>Arvid Rudal</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed

William H. Ginn

Licensed Embalmer No.

5155

P. O. Address

Potosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.